

## PLACE OF BIRTH

County of Yuma  
 District of Yuma  
 Town of Yuma  
 or  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF BIRTH

State Index No. 99Co. Register No. 96

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

## FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born } YES  
 Alive } ☒

Sex of Child	Male	Twin, Triplet or other		and	Number in order of birth	Legitimate? YES	Date of Birth	4	17	1915
							(Month)	(Day)	(Yr.)	

FATHER  
 Full Name Asencion Almeraz  
 Residence South Globe  
 Color or Race Mexican Age at last Birthday 32 (Years)  
 Birthplace El Paso Texas  
 Occupation Laborer

MOTHER  
 Full Maiden Name Josefina Valanera  
 Residence South Globe  
 Color or Race Mexican Age at last Birthday 27 (Years)  
 Birthplace El Paso Texas  
 Occupation H.W.

Number of child of this mother... 7... Number of children, of this mother, now living... 4... Were precautions taken against Ophthalmia neonatorum?... YES...

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on 4/17 1915, at 2 P. M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) L. E. W. [Signature]  
 (Attending physician, midwife, householder.)\*

Given or christian name added from a supplemental report... 191...  
019-417-151  
 COUNTY REGISTRAR.

Address \_\_\_\_\_

Filed Apr 22 1915B. G. J. [Signature]

LOCAL REGISTRAR.

Filed May 5 1915

A True Copy

B. G. J. [Signature]

COUNTY REGISTRAR.

Midwife with each local Registrar within 5 days after birth.